## ADMINISTRATIVE INFORMATION

INSTRUCTIONS: Answer each question or provide the required information for each statement below. The form must be signed by an authorized representative of the applicant. If responses require additional pages, identify the supporting pages/documentation with the applicable question or statement number and place the pages behind this form.						
1.	The applicant must attach the following information:					
	<ul> <li>Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the applicant.</li> <li>If a Nonprofit or For profit Corporation         <ul> <li>Full names (last, first, middle), addresses, telephone numbers, titles and occupations of members of the Board of Directors or any other principal officers Indicate what offices are held by members (e.g. chairperson, president, vice president, treasurer, etc).</li> <li>Full names (last, first, middle) and addresses for each partner, officer, and director as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if applicant is a for profit corporation.</li> </ul> </li> </ul>					
2.	Is applicant a private, nonprofit organization?					
	□ YES □ NO  If YES, applicant must include evidence of its nonprofit status with the application. Any one of the following is acceptable evidence and should be attached following this form. Check the appropriate box for the attached evidence or complete the "Previously Filed" section whichever is applicable.					
	<b>G</b> (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.					
	<b>G</b> (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.					

A statement from a State taxing body, State Attorney General, or

other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings

A certified copy of the organization's certificate of incorporation or

similar document if it clearly establishes the nonprofit status of the

accrue to any private shareholders or individuals.

G

G

(c)

(d)

organization.

**G** (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with a program of TDH, it will not be necessary to file similar papers again, but the TDH program name and date of filing must be indicated.

Previously Filed with: (TDH Program)	On
	(Date)

3. Is applicant a for-profit entity?

 $\square$  YES  $\square$  NO

If YES, applicant must complete the Texas Department of Health Child Support Affidavit (Affidavit is contained in SECTION IX. BLANK FORMS AND INSTRUCTIONS). The Texas Family Code, §231.006 places certain restrictions on child support obligers. (Contracts with governmental entities or nonprofit corporations are not subject to §231.006.) The affidavit requires the applicant to certify that any individual or sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25 percent is not 30 days or more delinquent in providing child support under a court order or written repayment agreement under the Texas Family Code, §231.006. A false statement regarding child support will be treated as a material breach of the contract and may be grounds for termination.

## **Conflict Of Interest and Contract History**

The applicant must disclose any existing or potential conflicts of interest relative to the performance of the requirements of this RFP. Examples of potential conflicts may include an existing business or personal relationship between the applicant, its principal, or any affiliate or subcontractor, with TDH, the participating agencies, or any other entity or person involved in any way in any project that is the subject of this RFP. Similarly, any personal or business relationship between the applicant, the principals, or any affiliate or subcontractor, with any employee of TDH, a participating agency, or their respective suppliers, must be disclosed. Any such relationship that might be perceived or represented as a conflict must be disclosed. Failure to disclose any such relationship may be cause for contract termination or disqualification of the proposal. If, following a review of this information, it is determined by TDH that a conflict of interest exists, the applicant may be disqualified from further consideration for the award of a contract.

4. Does anyone in the applicant organization have any existing or potential conflict of interest relative to the performance of the requirements of this RFP?

 $\square$  YES  $\square$  NO

If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)

5.	Has any member of applicant's executive management, project management, governing board or principal officers been employed by the State of Texas within the past 24 months?
	□ YES □ NO  If YES, indicate her/his name, social security number, job title, agency employed by, separation date, and reason for separation.
6.	Has applicant had a contract with TDH within the past 24 months?
	$\square$ YES $\square$ NO
	If YES, indicate the contract number(s) and/or any other information available to identify the contract. Indicate if the contract(s) is or was on probation, on vendor hold, restricted, or otherwise subject to any type of sanction.
Cont	ract Number Sanctions Information
7.	Has any member of applicant's executive management, project management, governing board, or principal officers contracted with TDH during the past 24 months or been affiliated with an organization which has contracted with TDH during the past 24 months?   "YES" "NO  If YES, indicate the contract number(s), name of contractor, vendor ID and/or any other information available to identify the contract. Indicate if the contract(s) is/was probated, restricted, or otherwise subject to any type of sanction. (Attach no more than one additional
8.	page.)  Is applicant or any member of applicant's executive management, project management, board members or principal officers delinquent on any state, federal or other debt or affiliated with an organization which is delinquent on any state, federal or other debt?
	$\square$ YES $\square$ NO
	If YES, please explain. (Attach no more than one additional page.)
9.	Has the applicant or any member of applicant's executive management, project management, board members or principal officers had a contract terminated for cause in the last five years or been affiliated with an organization which has had a contract terminated for cause in the last five years?
	$\square$ YES $\square$ NO
	If YES, submit full details including the other party's name, address, and phone number.

Termination for cause is defined as notice to stop performance that was delivered to the applicant because of the applicant's non-performance, improper performance, or wrongful performance, and the issue of performance was either (a) not appealed or litigated due to inaction on the part of the applicant, or (b) appealed or litigated and determined that the applicant was in breach. TDH will evaluate the facts and may, at its sole discretion, reject the proposal on the grounds of the applicant's or any member of applicant's executive management, project management, board members or principal officers past performance (Attach no more than one additional page.)

	(Attach no more than one adattional page.)			
10.	Within the past five years, has the applicant or any member of the applicant's executive management, project management, board members or principal officers been debarred, suspended, or otherwise excluded from or deemed ineligible for participation in Federal assistance programs or affiliated with an organization which has been debarred, suspended, or otherwise excluded from or deemed ineligible for participation in Federal assistance programs?			
	☐ YES ☐ NO  If YES, and applicant is currently debarred, suspended, excluded, or ineligible, applicant may not apply for funding. If applicant has been debarred, suspended, excluded, or ineligible, over the past five years but is now eligible, please explain. (Attach no more than one additional page.)			
11.	Does the applicant or any member of applicant's executive management, project management, board members or principal officers owe funds to TDH or ever defaulted on an agreed repayment schedule with any funding organization?			
	$\Box$ YES $\Box$ NO If YES, please explain. (Attach no more than one additional page.)			
<u>Addit</u>	ional Information			
12.	12. Applicants must be able to demonstrate fiscal solvency. Applicants shall submit a copy organization's most recent audited balance sheet and statement of income and expenses applicant does not have an audited balance sheet and statement of income and expense applicant must attach the most recent unaudited balance sheet and statement of income expenses, and explain why audited documents are not available ( <i>Attach no more than additional page</i> ). The TDH will evaluate the financial statements and may, at its sole discrepect the proposal on the grounds of the applicant's financial capability.			
	Are required financial statements attached?  □ YES □ NO			
13.	Does the applicant have personnel policies approved by the governing body which address essential issues of personnel management?			
	□ YES □ NO			

14. Does the applicant contract with or employ the services of a CPA, accountant, bookkeeping service or trained financial manager other than the Executive Director?

15.	If the applicant is a nonprofit entity, respond to the following:				
	a)	Applicant has active, involved board as demonstrated by bylaws, regular meetings with sufficent attendance, minutes, and clear definition of role?			
		$\square$ YES $\square$ NO			
b) Board membership includes diverse community representation?					
		$\square$ YES $\square$ NO			
	c)	Board membership includes diverse skills?			
		$\square$ YES $\square$ NO			
	d)	Applicant maintains Directors and Officers insurance?			
	,	$\Box$ YES $\Box$ NO			
	e)	Applicant has a Board policy and procedures manual?			
	,				
	f)	Applicant provides orientation and training on board member responsibilities to new members?			
		$\square$ YES $\square$ NO			
g) What date did the applicant's Board of Directors adopt the current operating budget of agency?					
h) Applicant must attach a copy of the Board minutes for the meeting in which the operabudget was adopted. Are the minutes attached?					
		$\square$ YES $\square$ NO			
Sign	ature of A	Authorized Official Title			

 $\Box$  YES

Explain:

Typed Name of Authorized Representative

□ **NO** 

Date